

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Bertha Bailey		Town Chester town, Md		County Kent		MARYLAND	
Died at		Date of death		Age		Months Days	
		1908 June 24		13			
Sex Female		Color or Race Colored		Birth-place Chester town, Md			
Occupation School Girl		Where Residing if not at place of death Chester town Md					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Robt Bailey		Father's Birthplace Cecil County					
Mother's Maiden Name Ruth Smith		Mother's Birthplace Chester town					
Name of person giving information Charlotte Forker		How related to deceased Grandmother					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	about 2 months
Immediate	As the result	How long	about 1 mo.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Frank B. Stines	
Yes		Address Chester town, Md.	
Accident or Suicide?		no	



Name
In
Full

Ellen Black

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *near Galena* TownCounty *Kent*

Date

of death 190

Month

6

Day

7

Age

Years

69

Months

Days

Sex

*female*Color or
Race*African*Birth-
place*md.*

Occupation

*house servant*Where Residing if not
at place of deathMarried, Single
or Widowed*single*Name of Wife or
HusbandFather's
Name*not known*Father's
BirthplaceMother's
Maiden Name*Emeline Black*Mother's
Birthplace*md.*Name of person giving
information*Hannie Brown*How related
to deceased*not at all*

CAUSES OF DEATH

40

Primary

Cancer Stomach

How long

9 months

Immediate

inanition & collapse

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*J. W. Latham*

Address

Galena md.

Accident or Suicide?



Name
in
Full

James Henry Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

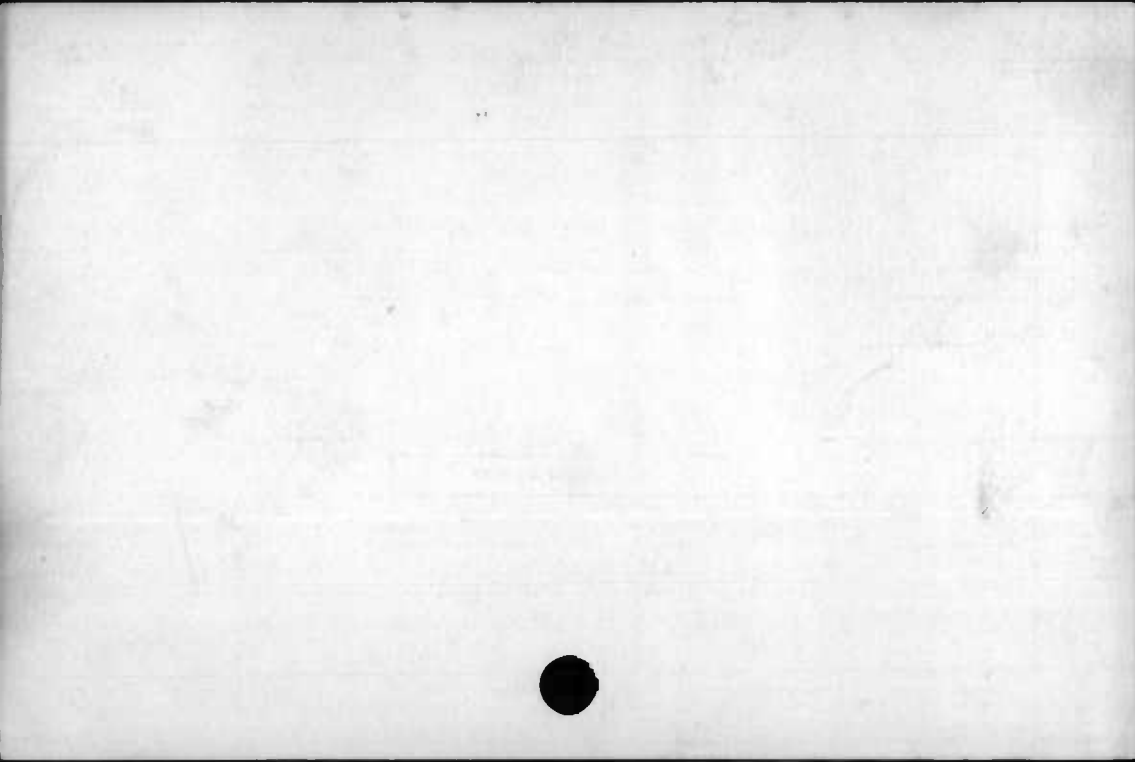
Died at <i>Chesterville Grove</i>		Town <i>Keokuk</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>June</i>	Day <i>25th</i>	Age <i>41</i>	Years	Months <i>9</i>	Days <i>14</i>	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Chesterville Grove Md</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>at place of death</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Annice Stanley</i>						
Father's Name <i>Perry P. Brown</i>	Father's Birthplace <i>Md</i>						
Mother's Maiden Name <i>Hannah Jane View</i>	Mother's Birthplace <i>Md</i>						
Name of person giving information <i>Erastus Brown</i>			How related to deceased <i>Brother</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

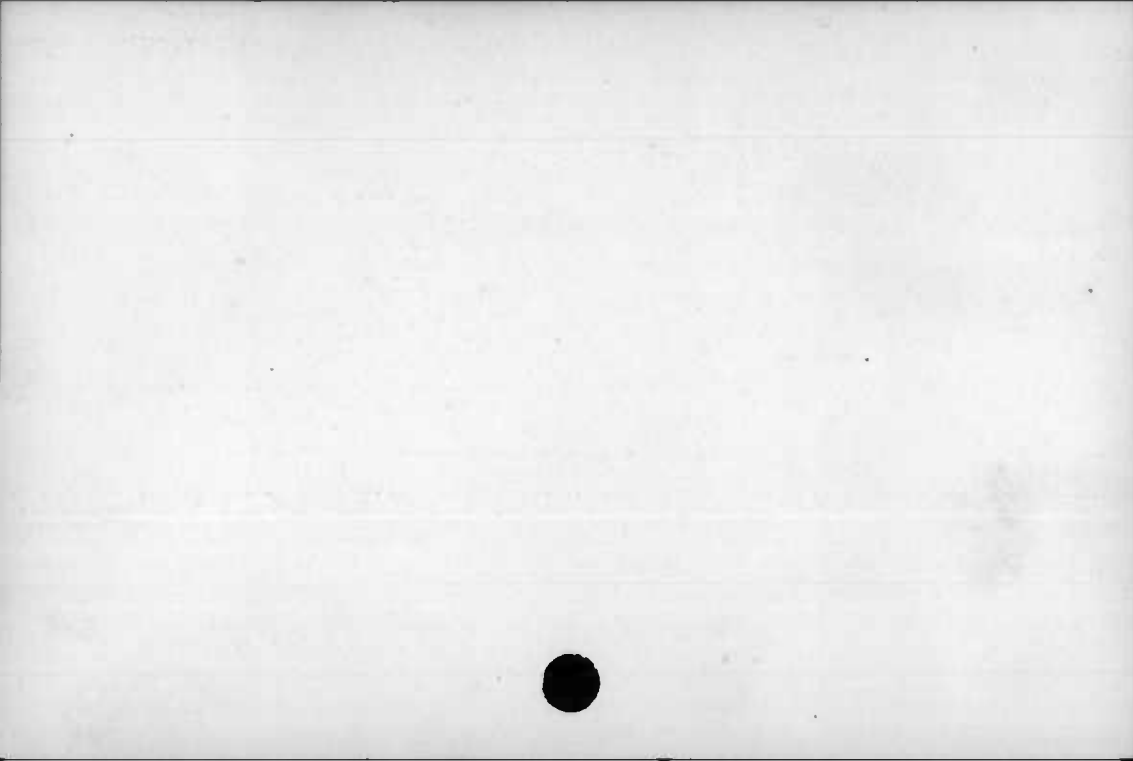
Primary <i>Tuberculosis</i>	How long <i>18 months</i>
Immediate <i>Tuberculosis</i>	How long <i>18 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. A. Shuppard</i>
	Address <i>Corningtown Md</i>
Accident or Suicide? <i>Neither</i>	



Name in Full		Sarah . Burris				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Millington		County Kent		MARYLAND
	Date of death		1908	Month June	Day 14	Age 81	Months Unknown
	Sex Female		Color or Race White		Birth- place Maryland		
	Occupation House wife		Where Residing if not at place of death				
	Married, Single or Widowed Widowed		Name of Wife or Husband				
	Father's Name Unknown		Father's Birthplace Unknown				
	Mother's Maiden Name Unknown		Mother's Birthplace Unknown				
	Name of person giving Information H M Burris		How related to deceased Son				
CAUSES OF DEATH							113
PHYSICIAN OR CORONER	Primary		Infection of Gall Stones			How long Not known	
	Immediate		Catarrhal Jaundice			How long Three or four months	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician H M Jeter M.D.		
			Address Millington, Md.				
	Accident or Suicide?						

Bury at Salinas Del

Name in Full		A Wilson Cochran Jr				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	man ^{Town} Sanabro		County ^{County} Kent		MARYLAND	
	Date of death	1908	Month June	Day 26	Age	Years 9	Months 26
	Sex	Male		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death		Kent Co. Md	
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	A Wilson Cochran				Father's Birthplace	Delaware
Mother's Maiden Name	Ceceilia McConley				Mother's Birthplace	Kent Co., Md	
Name of person giving information	A Wilson Cochran				How related to deceased	Father	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(105)</div>							
PHYSICIAN OR CORONER	Primary	Cholera Infantum				How long	12 days
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Edward A. Scott,
	Accident or Suicide?	No				Address	Salena, Ind



Name
in
Full

Elba Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

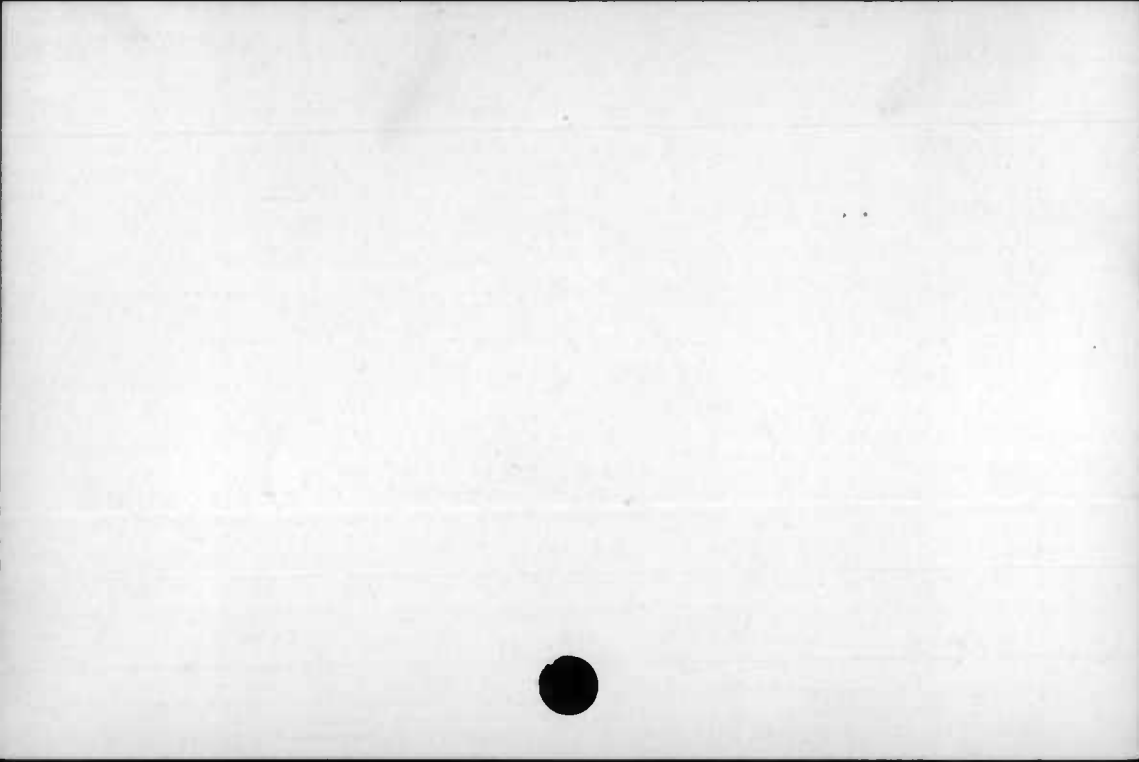
Died at <u>near Chesapeake</u> ^{Town}		<u>Stent</u> ^{County}		MARYLAND	
Date of death	1908	Month	6	Day	3
Sex	female	Color or Race	Black	Birth-place	Ind
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	—		Name of Wife or Husband		
Father's Name	Isaiah Ford			Father's Birthplace	Ind
Mother's Maiden Name	Emma Eggleston			Mother's Birthplace	Ind
Name of person giving information	Isaiah Ford			How related to deceased	father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Premature birth	How long	—
Immediate		How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. W. H. Jacobs
		Address	Millington Ind.
Accident or Suicide?			



Name in Full		Still Born Infant Garrison				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>near Coleman</u>		Town <u>Stent</u>		County <u>Stent</u>		MARYLAND	
	Date of death <u>1908</u>		Month <u>June</u>		Day <u>27</u>		Age <u>—</u>	
	Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>md</u>		Months <u>—</u>	
	Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>		Years <u>—</u>		Days <u>—</u>	
	Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>		Father's Birthplace <u>md</u>		Mother's Birthplace <u>md</u>	
	Father's Name <u>Lawrence Garrison</u>		Mother's Maiden Name <u>Addie Wilson</u>		Name of person giving information <u>Lawrence Garrison</u>		How related to deceased <u>father</u>	
	CAUSES OF DEATH		How long <u>5</u>		How long			
	Primary <u>Still Born.</u>		Immediate		Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>		Signature of Physician <u>W. S. Maxwell,</u>	
PHYSICIAN OR CORONER		Address <u>Still Pond, Md.</u>		Accident or Suicide?				

(Coleman.)

Name
in
Full

CERTIFICATE OF DEATH

Julia D. Hassinger

Town

County

MARYLAND

Died at

near Lynch

Stuart

Date

1908

Month

June

Day

10

Years

Age

84

Months

-

Days

-

Sex

female

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

Joseph Hassinger

Father's
Name

Raymond Biddle

Father's
Birthplace

Md

Mother's
Maiden Name

Francis Miller

Mother's
Birthplace

Md

Name of person giving
Information

J. Biddle Hassinger

How related
to deceased

Son.

CAUSES OF DEATH

154

Primary

General debility

How long

two months

Immediate

Heart failure.

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes,

Signature of
Physician

W. S. Maxwell.

Address

Shill Pond, Md.

Accident or Suicide?

Chestertown

Name in Full		Louis Johnston				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Still Pond		Hunt		MARYLAND		
	Date of death		1908	Month June	Day 28	Age 67	Months —	Days —	
	Sex		male		Color or Race Black		Birth-place Md		
	Occupation Laborer				Where Residing if not at place of death —				
	Married, Single or Widowed		married		Name of Wife or Husband Elsie S. Saines				
	Father's Name		Robert Johnston				Father's Birthplace Md		
	Mother's Maiden Name		Johnstown Johnston				Mother's Birthplace Md		
Name of person giving information		Elsie Johnston				How related to deceased wife			
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Bright's disease.				(120) How long		Two years.
	Immediate		Heart failure.				How long		
	Are the name, age, sex, color, date and place correctly given above?				yes.		Signature of Physician W. S. Maxwell.		
							Address Still Pond, Md.		
Accident or Suicide?									

Still Pond

Name
in
Full

Mary E. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lynch		Town		Kent		County		MARYLAND	
Date of death	1908	Month	June	Day	29	Age	30	Months	4
Sex	female	Color or Race	white	Birth-place		Md			
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name				Father's Birthplace					
Mother's Maiden Name				Mother's Birthplace					
Name of person giving information				How related to deceased					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Inferioriosis	How long
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	No	

Still Pond

Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

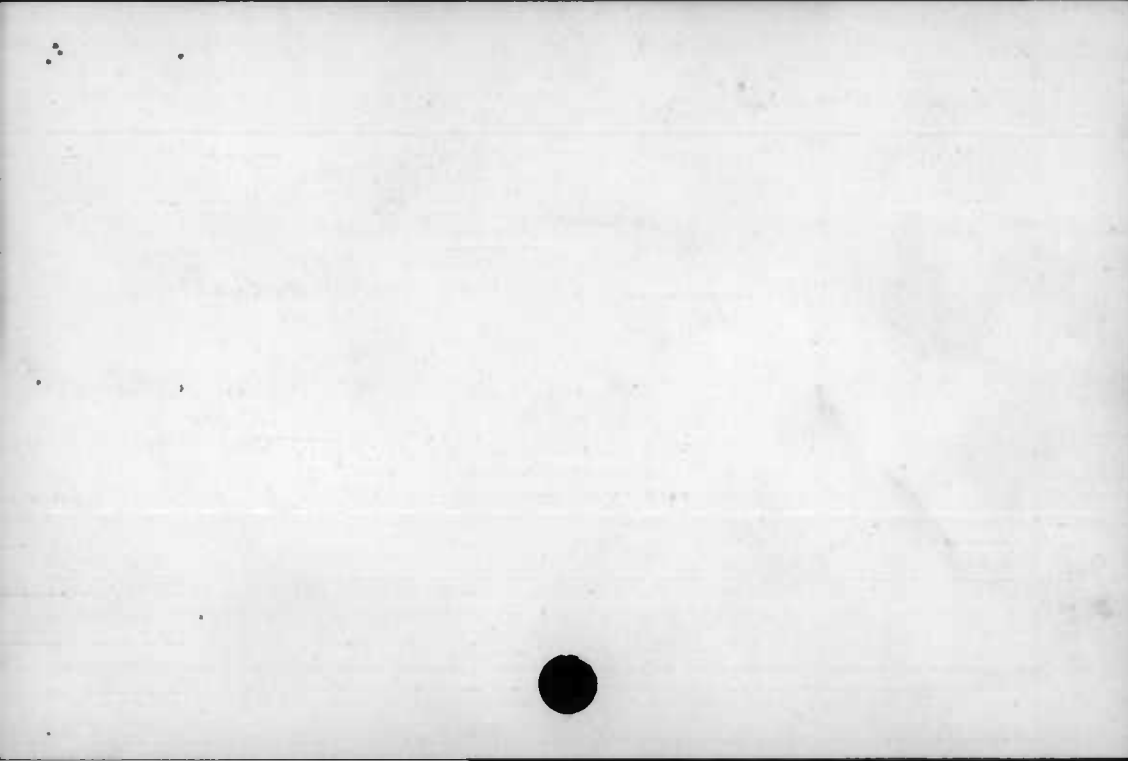
Died at Rock Hall ^{Town}		Kent ^{County}		MARYLAND	
Date of death 1908	Month June	Day 10th	Age 38	Months 3	Days 14
Sex Male	Color or Race White	Birth-place Rock Hall			
Occupation Cysterman	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or husband Fannie Mc Laine				
Father's Name Jacob Kendall	Father's Birthplace Kent Co				
Mother's Maiden Name Mary E. Hadds	Mother's Birthplace Lucanamusco				
Name of person giving information Marion E. Kendall	How related to deceased Brother				

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary Hemiplegia	How long 2 years
Immediate Exhaustion	How long 2 months
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician H. H. Schwartz M.D.
	Address Rock Hall Kent Co Md
Accident or Suicide? no	



Name
in
Full

Lewis F. Newson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bethesda</u> <small>Town</small>		<u>Hunt</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	<u>June</u> <small>Month</small>	<u>18</u> <small>Day</small>	<u>63</u> <small>Years</small>	<u>7</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>md</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Worton Point</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Sarah E. Crew</u>				
Father's Name <u>Martin Newson</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>ms. Clayton</u>	Mother's Birthplace <u>md</u>				
Name of person giving information <u>Lewis Newson</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary <u>Bronchitis</u>	How long <u>3 months</u>
Immediate <u>Heart failure</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>Wm. S. Maxwell</u>
	Address <u>Stitt Pond, Md.</u>
Accident or Suicide?	

still novel

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

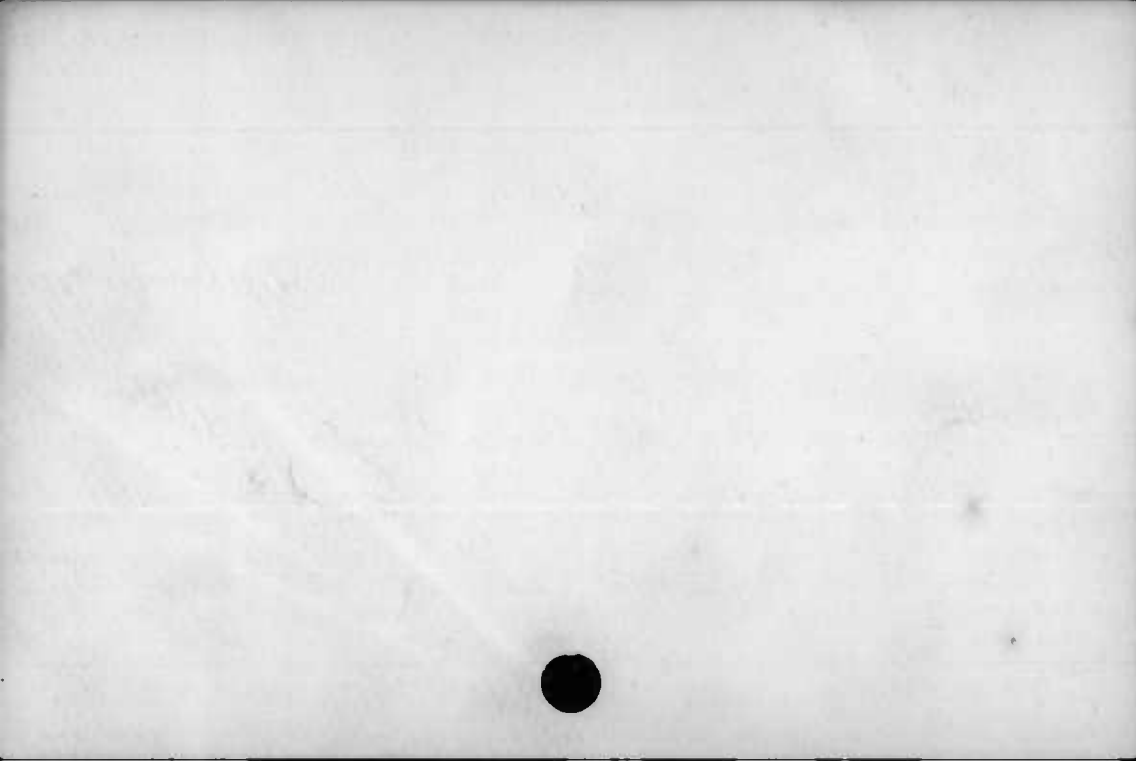
Died at		Town Rock Hall, Md.		County Kent			
Date	Month	Day	Age	Years	Months	Days	
of death	1908	June	8	65	10	4	
Sex	Male		Color or Race	White		Birth-place	Kent Co.
Occupation	Cysterman		Where Residing if not at place of death		Rock Hall, Md.		
Married, Single or Widowed	Married		Name of Wife or Husband		Mary's Melinda Joiner		
Father's Name	John Rodney		Father's Birthplace		Kent Co.		
Mother's Maiden Name	Joe Anna Hague		Mother's Birthplace		Kent Co.		
Name of person giving information	Rome Hauls		How related to deceased		Son-in-law		

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary	Pleuritis	How long	5 days
Immediate	Exhaustion	How long	One day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Walter J. Kelly M.D.	
		Address	
		Rock Hall, Md.	
Accident or Suicide?			



Name *June Lucina Smith*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

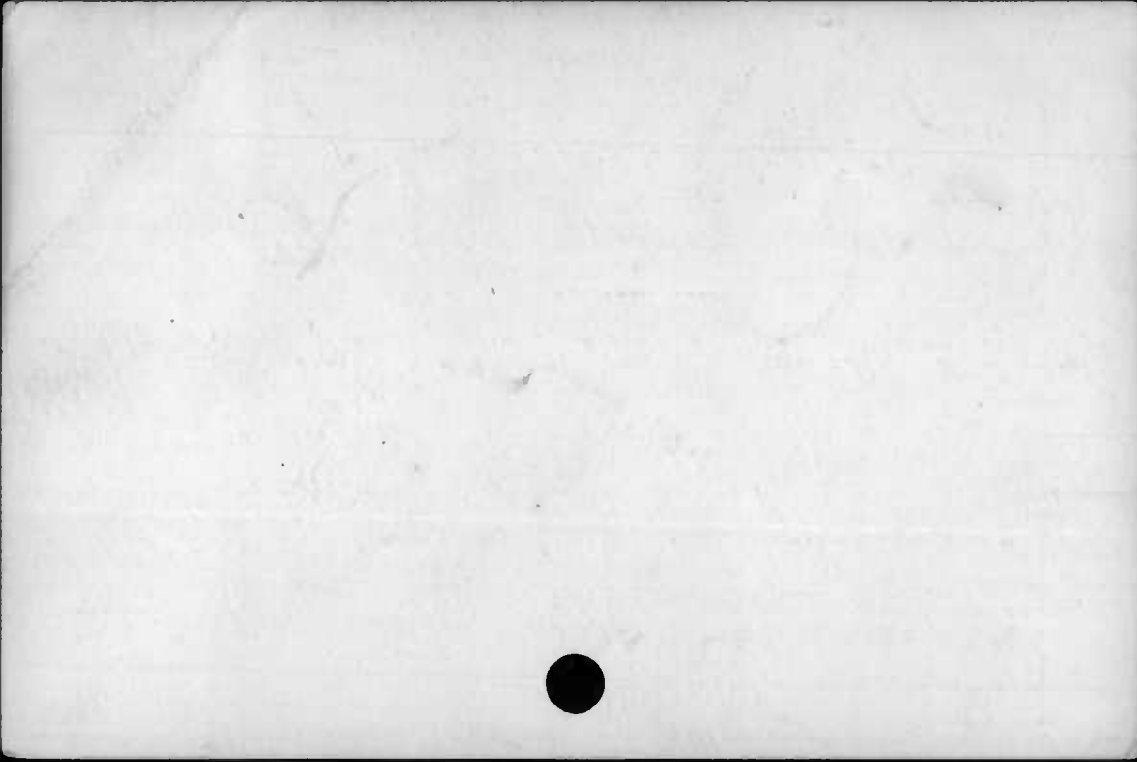
Died at <i>Cheltenham</i> <small>Town</small>			<i>Kent.</i> <small>County</small>		MARYLAND	
Date of death <i>1908 June</i> <small>Month</small>		<i>27</i> <small>Day</small>	Age <i>73</i> <small>Years</small>		<i>7</i> <small>Months</small>	<i>-</i> <small>Days</small>
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Kent Co Md</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Andrew Smith</i>				
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Mary Chase</i>				Mother's Birthplace <i>Kent Co Md</i>		
Name of person giving information <i>Andrew Smith</i>				How related to deceased <i>Husband</i>		

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Cancer stomach</i>		How long <i>1 1/2 yrs</i>
Immediate <i>Stomach, pinkish</i>		How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. H. Smith</i>
		Address <i>Cheltenham Md</i>
Accident or Suicide? <input checked="" type="checkbox"/>		



Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

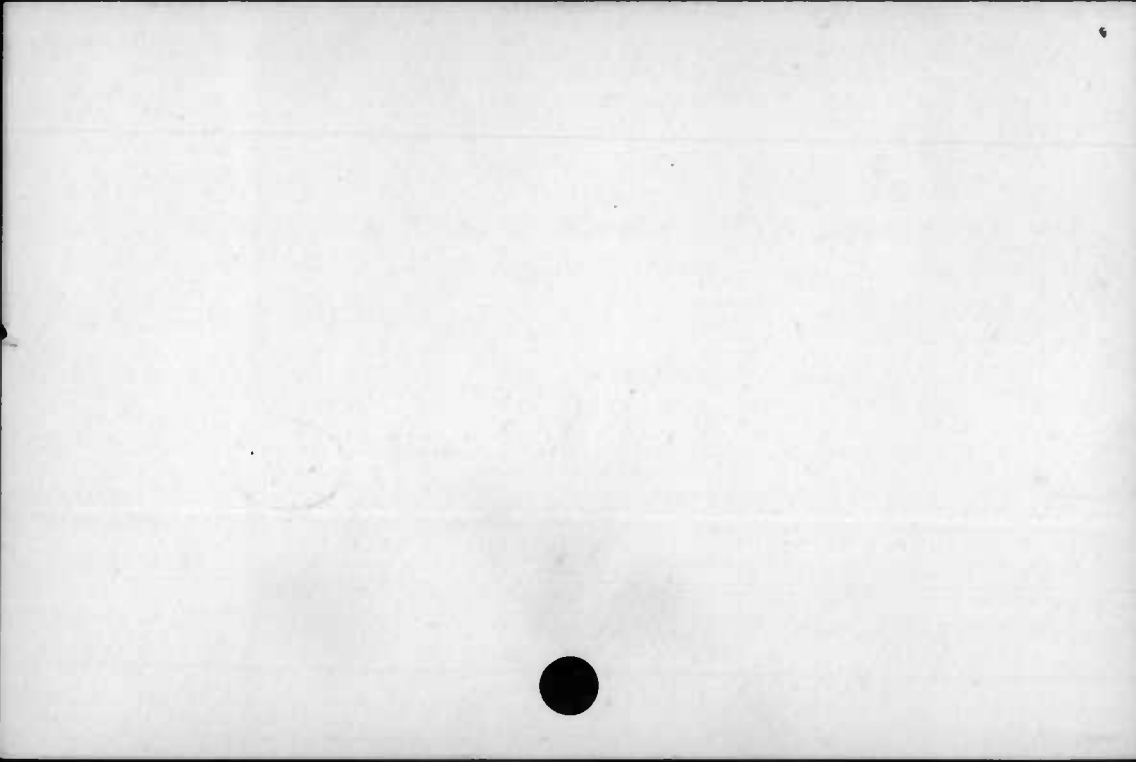
Died at <i>Chester</i> ^{Town} <i>ville</i>		<i>Kent</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>June</i>	Day <i>7</i>	Age <i>40</i>	Months <i>Unknown</i> Days <i>Unknown</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband			
Father's Name <i>John. Stevens.</i>		Father's Birthplace <i>Germany.</i>			
Mother's Maiden Name <i>Katie. Stark.</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Peter Stevens</i>		How related to deceased <i>Uncle-</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis Lungs</i>	How long <i>about two years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H M Peter MD</i>
	Address <i>Millington, Ind.</i>
Accident or Suicide?	



Name in Full		Certificate of Death			
Josephine Ward		MARYLAND			
Died at <i>Worton</i> ^{Town} <i>Point</i>		County <i>Kent</i>			
Date of death	1908	Month	June	Day	27
Age	50	Years		Months	
Sex	Female	Color or Race	Col	Birth-place	Md
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband <i>John W Ward</i>		
Father's Name	Unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving information	Edw. Phillips		How related to deceased	None	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(120)</div>					
PHYSICIAN OR CORONER	Primary	<i>Chronic Nephritis</i>		How long	<i>One year</i>
	Immediate	<i>Exhaustion</i>		How long	<i>Several weeks</i>
	Are the name, age, sex, color, date and place correctly given above?		Yes		
	Signature of Physician		<i>W G Summers</i>		
Address		<i>Chestertown, Md</i>			
Accident or Suicide?		No			

Horton Point

Chas L Dodd

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
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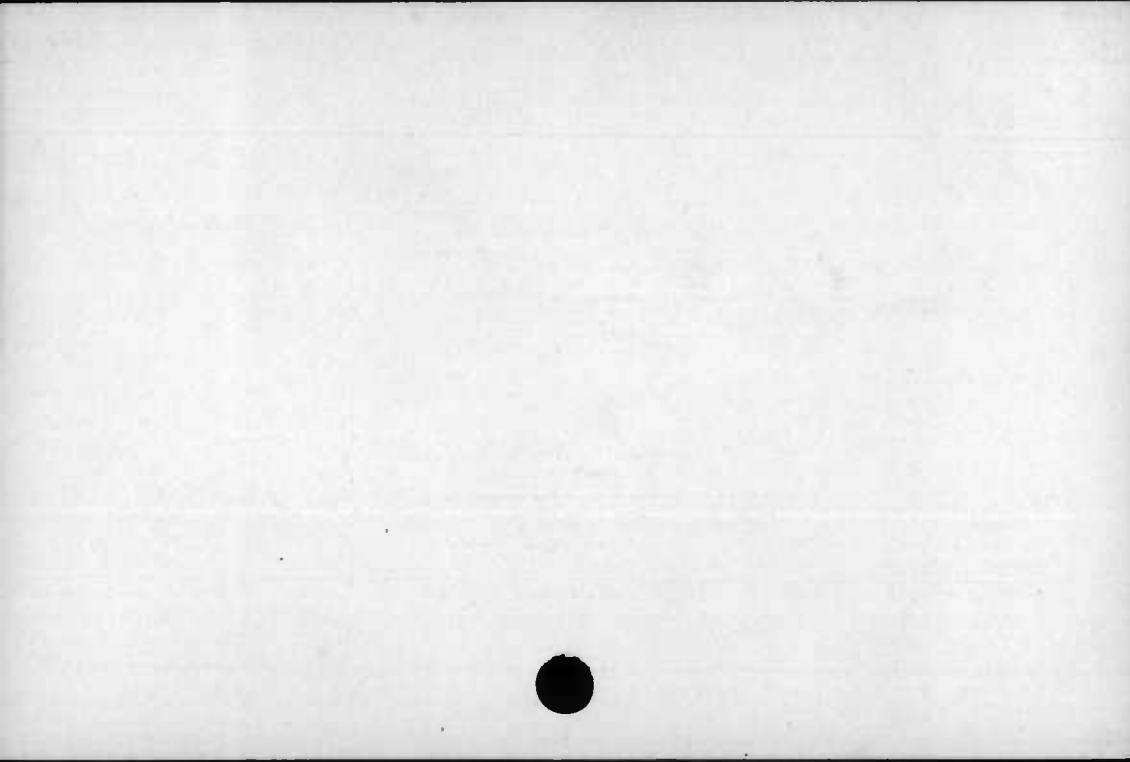
Name in Full <i>James Williams</i>		Town <i>near Chestertown</i>		County <i>Kent</i>		MARYLAND									
Died at <i>near Chestertown</i>		Date of death <i>1908</i>		Month <i>June</i>		Day <i>16</i>		Age <i>2</i>		Years <i>2</i>		Months <i>3</i>		Days	
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth- place <i>Kent Co., Md.</i>											
Occupation <i></i>		Where Residing if not at place of death <i></i>													
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>													
Father's Name <i>Washington Williams</i>		Father's Birthplace <i>Kent Co., Md.</i>													
Mother's Maiden Name <i>Eunice Houston</i>		Mother's Birthplace <i>" " "</i>													
Name of person giving In formation <i>Wash. Williams</i>		How related to deceased <i>Father</i>													

CAUSES OF DEATH

146

PHYSICIAN
OR CORONER

Primary <i>Rachitis</i>	How long <i>all its</i>
Immediate <i>asthenia</i>	How long <i>life</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harry L. Dada</i>
	Address <i>Chestertown, Md.</i>
Accident or Suicide? <i></i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Sarah Helen Bright</i>		Town <i>Chestertown</i>		County <i>Kent</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1908 June 30</i>		<i>1</i>		<i>2</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Kent Co Md</i>		Days <i>3</i>	
Occupation <i>Infant</i>				Where Residing if not at place of death <i>Chestertown</i>			
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband					
Father's Name <i>Walter Bright</i>				Father's Birthplace <i>New Jersey</i>			
Mother's Maiden Name <i>Joyanna Hollinger</i>				Mother's Birthplace <i>Kent Co Md</i>			
Name of person giving information <i>Walter Bright</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough - Cholera infantum</i>	How long <i>Whoop c. 4 wks</i>
Immediate <i>Cholera infantum</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. G. Simmons</i>
	Address <i>Chestertown Md</i>
Accident or Suicide?	

